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PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	621P002
	<b>First Named Inventor</b>	Dennis M. Hilton
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10 / 044,547
	<b>Filing Date</b>	January 11, 2002
	<b>Group Art Unit</b>	1711
	<b>Examiner Name</b>	Foelak, Morton

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOAMED FIREPROOFING COMPOSITION AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) January 11, 2002

as United States Application Number or PCT International

(if applicable).

Application Number 10/044,547 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
IB01/01604	PCT	09/03/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] 5

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name Kevin S. Lemack

Address Nields &amp; Lemack

Address 176 E. Main Street

City Westboro

State MA

ZIP 01581

Country U.S.A.

Telephone (508) 898-1818

Fax (508) 898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any)) Dennis M.Family Name  
or Surname HiltonInventor's  
Signature*Dennis M. Hilton*

Date 5/4/03

Residence: City Nashua

State NH

Country US

Citizenship US

Mailing Address 4 Harvest Lane

Mailing Address

City Nashua

State NH

ZIP 03063

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any)) Michael D.Family Name  
or Surname MorganInventor's  
Signature*Michael D. Morgan*

Date 4/24/03

Residence: City Billerica

State MA

Country US

Citizenship US

Mailing Address 8 Judy Street

Mailing Address

City Billerica

State MA

ZIP 01821

Country US

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Robert				Paul					
Inventor's Signature		<i>Robert M. Paul</i>			Date		4/29/03		
Residence: City		Maynard		State		MA		Country	
						US		Citizenship	
								US	
Post Office Address		13 Taft Avenue							
Post Office Address									
City		Maynard		State		MA		ZIP	
						01754		Country	
								US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Karl D.				Taub					
Inventor's Signature		<i>Karl D. Taub</i>			Date		4/28/03		
Residence: City		Boxboro		State		MA		Country	
						US		Citizenship	
								US	
Post Office Address		447 Littlefield Road							
Post Office Address									
City		Boxboro		State		MA		ZIP	
						01719		Country	
								US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Robert S.				Young					
Inventor's Signature					Date				
Residence: City		Greenville		State		SC		Country	
						US		Citizenship	
								US	
Post Office Address		137 Montague Drive							
Post Office Address									
City		Greenville		State		SC		ZIP	
						29617		Country	
								US	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert				Paul			
Inventor's Signature						Date	
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	13 Taft Avenue						
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Karl D.				Taub			
Inventor's Signature						Date	
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address	447 Littlefield Road						
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert S.				Young			
Inventor's Signature	<i>Robert S. Young</i>					Date	4/25/03
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address	137 Montague Drive						
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Ricky N.						Bastarache					
Inventor's Signature		<i>Ricky N. Bastarache</i>								Date	
Residence: City		Fitchburg		State		MA		Country		US	
Post Office Address		263 St. Joseph Avenue									
Post Office Address											
City		Fitchburg		State		MA		ZIP		01420	
Country		US									
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature										Date	
Residence: City				State				Country			
Post Office Address											
Post Office Address											
City				State				ZIP			
Country											
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature										Date	
Residence: City				State				Country			
Post Office Address											
Post Office Address											
City				State				ZIP			
Country											
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature										Date	
Residence: City				State				Country			
Post Office Address											
Post Office Address											
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	10/044,547
Filing Date	January 11, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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☒ Firm or  
Individual Name

Kevin S. Lemack

Address Nields & Lemack

Address 176 E. Main Street

City Westboro

State

MA

Zip

01581

Country U.S.A.

Telephone (508) 898-1818

Fax

(508) 898-2020

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Dennis M. Hilton

Michael D. Morgan

Signature

*Dennis M. Hilton*

*Michael D. Morgan*

Date

2/20/02

2/25/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Robert Paul	Karl D. Taub
Signature	<i>Robert Paul</i>	
Date	2-22-02	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Application Number	10/044,547
Filing Date	January 11, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002

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Henry C. Nields	17,029

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Individual Name

Kevin S. Lemack

Address

Nields &amp; Lemack

Address

176 E. Main Street

City

Westboro

State

MA

Zip

01581

Country

U.S.A.

Telephone

(508) 898-1818

Fax

(508) 898-2020

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Robert Paul

Karl D. Taub

Signature

Karl D. Taub

Date

2/27/02

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☐ Total of \_\_\_\_\_ forms are submitted.

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Application Number	10/044,547
Filing Date	January 11, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:
Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name	Robert S. Young	Ricky N. Bastarache
Signature		
Date	2/27/02	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Application Number	10/044,547
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First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

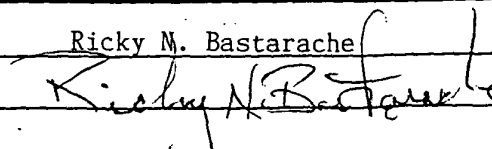
<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Robert S. Young	Ricky M. Bastarache
Signature		
Date		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.